

**VILLAGE OF HAVERSTRAW DAY CAMP
2010 CAMP APPLICATION**

CAMPER INFORMATION

Name of Child:

Date of birth:	Age:	Male or Female	Phone
----------------	------	----------------	-------

Name of parent(s)/legal guardian(s):

Current address:

City:	State:	ZIP Code:
-------	--------	-----------

Attended camp before?	If yes, how many times?	Can he/she swim in deep water ?
-----------------------	-------------------------	--

T-Shirt Size (circle one): youth S M L XL adult S M L XL

EMERGENCY CONTACT INFORMATION

Name:

Address:	Home Phone:
----------	-------------

City:	State:	ZIP Code:	Cell Phone:
-------	--------	-----------	-------------

Relationship:	Work Phone:
---------------	-------------

MEDICAL HISTORY

Does your child have problems with any of the following? If yes, explain.

Diabetes:	High blood pressure:	Clotting disorder:	Bleeding disorders:
-----------	----------------------	--------------------	---------------------

Heart defect/disease:	Seizures:	Ear infections:	Poison Ivy:
-----------------------	-----------	-----------------	-------------

Explain:

Date and explanation of any operations or serious injury.

Does your child have asthma?	If yes, does he/she carry an inhaler?
------------------------------	---------------------------------------

Does your child have hearing/vision problems?	Does he/she use hearing aid/glasses?
---	--------------------------------------

Does your child have any allergies to food, bees or medications? Please explain.

Please list ALL current medications.

Will your child need to take his/her medication while at camp?

Does your child have any behavioral/psychological problems that need to be discussed with our camp staff?

Any dietary restrictions?

Is your child physically and emotionally able to participate in an active camp program? YES or NO

VACCINATION INFORMATION

Please attach a copy of camper's immunizations records. All applicants must have proof of Varicella (chickpox), Haemophilus influenzae type B (bib), and Hepatitis B vaccinations prior to the start of camp.

FREE/REDUCED LUNCH

Please supply a copy of the lunch notification from the school administrator

And please sign this waiver:

I hereby give the Haverstraw Center Summer Day Camp permission to request from the North Rockland Central School District Food Service Program proof of free or reduced-price lunch.

Parent/Guardian Signature: _____ Date: _____

PAYMENT INFORMATION

Person Responsible for Payment: _____
Name

Address

Cell Phone: _____ Home Phone: _____ Work Phone: _____

FOR INTERNAL USE ONLY

Completed Application _____
 Immunization Record _____
 Camper Birth Certificate _____
 Copy of Utility bill _____
 Index Card _____
 Trip Waiver _____
 Walker Waiver _____

Camp Fee: \$ _____
 Paid by: _____
 Phone #: _____
 Cash or Check # _____

Person(s) Authorized to pick-up Camper: _____

Application Processed By: _____
 Date: _____